

Non-Disclosure/Other Agreement Request Form

Principal Investigator (PI) and Lab Contact Information				
PI Name			Lab Contact Name (if different)	
PI Phone		PI E-mail	UCSB Department & Mail Code	

Outside Organization Information				
Organization Name			Address	
Authorized Official/Contact Name			Phone	E-mail

Details Regarding the Agreement				
Type	<input type="checkbox"/> Nondisclosure Agreement (NDA) <input type="checkbox"/> Other* (please specify): (*Note: Complete the MTA Request Form for MTAs, or the DUA Request Form for DUAs)			
Purpose of Agreement				
Anticipated Begin Date			Anticipated End Date	
UCSB will be (mark any or both, as applicable)	<input type="checkbox"/> Receiving confidential information <input type="checkbox"/> Disclosing confidential information			
Does the Agreement relate to a proposal for Sponsored Research?	<input type="checkbox"/> Yes (list ORBiT Record No. if known): <input type="checkbox"/> No			
Will you either receive or provide any physical materials or samples from the Outside Organization under this Agreement?	<input type="checkbox"/> Yes (please describe): <input type="checkbox"/> No			
Will any information or materials be coming from sources, or sent to entities, outside of the US?	<input type="checkbox"/> Yes (specify country (-ies): <input type="checkbox"/> No			
Does this Agreement/the discussions relate to any patentable invention disclosed, or about to be disclosed, to the UCSB TIA Office?	<input type="checkbox"/> Yes (please list UC Case Number, if known): <input type="checkbox"/> No			

Questions for NDAs	
Description of the confidential or proprietary information/subject matter to be received and/or disclosed	
Will the confidential information include any of the following? (Check all that apply)	<input type="checkbox"/> De-identified Data about Human Subjects <input type="checkbox"/> Personally Identifiable Information <input type="checkbox"/> Limited Data Set <input type="checkbox"/> Covered Defense Information (CDI) <input type="checkbox"/> Controlled Unclassified Information (CUI) <input type="checkbox"/> Export-Controlled Information <input type="checkbox"/> Process Design Kit
Are you receiving any funds (contract, grant, or gift) from the Outside Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What funding source(s) (if different than the above) will be used to support any research using the confidential information?	

Questions for Other Agreements	
Are there any other agreements (e.g. NDAs, MTAs, sponsored research agreements) that are related to this Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Will you be receiving/providing any of the following under this Agreement? (Check any that apply)	<input type="checkbox"/> Equipment <input type="checkbox"/> Software <input type="checkbox"/> Data Sets
Please share any other pertinent details regarding the Agreement:	

<input type="checkbox"/> I certify that this information I have provided is an accurate reflection of my understanding.	
Principal Investigator	Date